

Division of Occupational & Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741
FAX: 801 530-6511

VERIFICATION OF ASSOCIATION OR DISASSOCIATION OF FUNERAL SERVICE INTERN

TO BE COMPLETED BY THE SUPERVISING FUNERAL SERVICE DIRECTOR:

Pursuant to Utah Code 58-9-307(3) Supervision of a Funeral Service Intern:

Within 30 days after the day on which the supervisor-supervisee relationship between a licensed Funeral Service Director and a licensed Funeral Service Intern terminates, the Funeral Service Director shall furnish to DOPL a report of the performance of the Funeral Service Intern. The report shall be in a form and content as prescribed by DOPL.

Select **one** option below (A, B, or C) and complete the corresponding section:

- A. I am verifying the disassociation of a Funeral Service Intern, who was previously associated with me.

Name of Funeral Service Intern: _____

Address of Funeral Service Intern: _____

Phone: _____ License Number: _____

Dates Supervised: ____/____/____ to ____/____/____

_____ Satisfactory Performance

_____ Unsatisfactory Performance

- B. I am verifying the association of a **licensed** Funeral Service Intern.

Name of Funeral Service Intern: _____

Address of Funeral Service Intern: _____

Phone: _____ License Number: _____

(Continued on the Reverse)

- C. I am verifying the association of an **unlicensed** Funeral Service Intern.

Provide this form to the applicant to submit to DOPL with his/her application for licensure. Pursuant to Utah Administrative Code R156-9-402(9), a Funeral Service Director must assure each supervisee is appropriately licensed as a Funeral Service Intern prior to beginning the supervision. It is unlawful to employ a Funeral Service Intern prior to his/her becoming licensed.

Name of Funeral Service Intern: _____

Address of Funeral Service Intern: _____

Phone: _____

Name of Responsible Licensed Funeral Service Director: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone: _____ License Number: _____

Name of Funeral Service Establishment: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone: _____ License Number: _____

I do hereby certify that I am a licensed funeral service director in the state of Utah, and that the above information is accurate. I have read the current Funeral Service Licensing Act and Rules and understand the requirements of supervising an intern. I further certify that I have met all of the requirements of eligibility to be an approved funeral service director supervisor, and to the best of my knowledge there is no reason that I am not competent or qualified to supervise. I further certify that I will comply with all the requirements of laws and rules governing the practice of funeral service and that I am responsible to ensure that the person named as the applicant complies with the requirements of law and rule. I agree as provided by applicable law to notify DOPL within 30 days of the termination of the supervision of the intern and to provide a report on the performance of the intern during the period of supervision.

Signature of Supervising Funeral Service Director: _____

Date of Signature: _____